HAND DELIVERED

STATEMENT OF

FEDERAL ELECTION CORPUSSION PUBLIC DISCLOSURE DIVISION

| | FORM 1 | ORGAN | IIZATION | 1014 JUL -7 PM 4 | · | | |
|------------|----------------------------|----------------------------------|---|------------------------------|---|----|--|
| | NAME OF COMMITTEE (in | full) (Check if name is changed) | ne Example: If typing, type over the lines. | 12FE4M5 |] | | |
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| | | 11 - 11 - 1 | | | <u> </u> | | |
| | ADDRESS (number a | | +1 FRED ROK | RY | | | |
| 1 | (Check if a is changed | ddress BLHIM | BRE MI) | | | | |
| 4051252400 | | 2.1.27.5 city. | | STATE A | G - L L L L L L L L L L L L L L L L L L | | |
| Ž | COMMITTEE'S E-MAIL ADDRESS | | | | | | |
| 2 | (Check if a | ddress ATC | EARSONEULL | 1, 1200 Hos | Com | | |
| Õ | | Optional Second E-M | | • | | | |
| Ų | | | | | | | |
| | (Check if a is changed | ddress LI DERTK | of Combress | Michael! | Yoo Hasten | | |
| | 2. DATE | I'M'WHY | • | | | | |
| | 3. FEC IDENTIFIC | ATION NUMBER ▶ | C | | | | |
| | 4. IS THIS STATE | ENT NEW (N) | OR AMENDED (A) | | | | |
| | I certify that I have e | xamined this Statement and to th | ne best of my knowledge and belief i | it is true, correct and comp | lete. | | |
| | Type or Print Name | f Treasurer UA+ | ew Alyeare | son Pis | M) GENDI Conib | ł. | |
| | Signature of Treasure | r . | | Date Date | 1 2014 | | |
| | NOTE: Submission of | | mation may subject the person signing DRMATION SHOULD BE REPORTED V | | es of 2 U.S.C. §437g. | | |
| | Office Use Only | | For further information Federal Election Commiss Toll Free 800-424-9530 | sion FEC | FORM 1 ised 06/2012) | | |

| | F | EC For | m 1 (Revised 02/2009) Page 2 | | |
|----|---|--------------------|--|--|--|
| 5. | TYPE OF COMMITTEE Candidate Committee: | | | | |
| | (a) | | This committee is a principal campaign committee. (Complete the candidate information below.) | | |
| | (b) | | This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate | | |
| | Name Candid | | MI) State 2 addist KNOGET BOSE CROST | | |
| • | Candid Party | date Affiliatio | on Office State House Senate President District | | |
| | (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | | |
| | Name Candid | _ | Wichael TERONE PEARSON | | |
| | Party | / Con | ımittee: | | |
| • | (d) | | This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party. | | |
| | Politi | ical A | ction Committee (PAC): | | |
| | (e) | | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a: | | |
| | | | Corporation Corporation w/o Capital Stock Labor Organization | | |
| | • | | Membership Organization Trade Association Cooperative | | |
| | | | In addition, this committee is a Lobbyist/Registrant PAC. | | |
| | (f) | | This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee, (i.e., nonconnected committee) | | |
| | In addition, this committee is a Lobbyist/Registrant PAC. | | | | |
| | | | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | | |
| | Joint | Fund | raising Representative: | | |
| | (g) | 9 | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate. | | |
| | (h) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate. | | |
| | | Com | mittees Participating in Joint Fundraiser | | |
| | | 1. | MDSHAHE LIONDISTENCY FEC ID number C | | |
| | | 2. | FEC ID number C | | |
| | | 3. | FEC ID number C | | |
| | | 4. | FEC ID number C | | |
| | | | Perantin (national disease) | | |

| V | Vrite or Type Committee Na | me | | | | | |
|----|---|---------------------------|---------------------|---------------------|------------------|------------------------------|----------------|
| 6. | Name of Any Connected | d Organization, Affiliate | d Committee, Joint | Fundraising Rep | resentative, or | Leadership PAC Sponsor | _ |
| h | 1) Fot Apply | addigiti ik | WTALH RO | ace Ohe | X | | 1 |
| | YP.CODLEH O | MIP EAVE | 201U | | | | |
| 1 | Mailing Address | 40240 | 21) FRE | Prox 18 | | | ┙ |
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| | | BOSLATIN | MARILI | | MD 1 | <u> </u> | ١ |
| | | | CITY | | STATE | ZIP CODE | |
| | Relationship: Connec | cted Organization Aff | iliated Committee | FJoint Fundraising | g Representative | Leadership PAC Spons | ior |
| 7. | Custodian of Records: I books and records. | dentify by name, address | s (phone number | optional) and posi | tion of the pers | on in possession of committe | – ∋e |
| | Full Name | chaettin | RONTE | 2AR60 | <u>r</u> | | |
| | Mailing Address | 4024 3 | 250 PES | 3000 | KIB | $Q_{}$ | |
| | | 0.07 | | | 1/15 | 01209 | |
| | | U TO CITY | MORIE | | MTD | <u> </u> | ك |
| | Title or Position | | CITY | | STATE | ZIP CODE | |
| | EXC Disat | | | Telephone nu | mber 🚻 | 2-233-295 | 4 |
| 8. | Treasurer: List the name any designated agent (e.g. | and address (phone nur | nber optional) of t | he treasurer of the | e committee; ar | d the name and address of | _ |
| | Full Name of Treasurer | HITEL H | (HEARS | 5 62 V | | | ل |
| | Mailing Address | 41924 B | THE |)Rick | RD | | ل |
| ٠ | • | BA24 | MORE : | | STATE | 2.122 SIP CODE | |
| ı | Tiple or Position TRESU | RER | | Telephone nur | mber 4 | 9-809-284 | 9 |

Name of Bank, Depository, etc.

FEC Form 1 (Revised 02/2009)

1/1/10

Mailing Address

14031252403

CITY

CITY

STATE

STATE

ZIP CODE

ZIP CODE

Page 4

| Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. | | | | |
|---|--------------------------|--|--|--|
| Hand Delivered | Date of Receipt | | | |
| USPS First Class Mail | Postmarked | | | |
| USPS Registered/Certified | Postmarked (R/C) | | | |
| USPS Priority Mail | Postmarked | | | |
| USPS Priority Mail Express | Postmarked | | | |
| Postmark Illegible | · | | | |
| No Postmark | | | | |
| Overnight Delivery Service (Specify): | Shipping Date | | | |
| Next Busin | ness Day Delivery | | | |
| Received from House Records & Registration Office | Date of Receipt | | | |
| Received from Senate Public Records Office | Date of Receipt | | | |
| Received from Electronic Filing Office | Date of Receipt | | | |
| Other (Specify): | of Receipt or Postmarked | | | |
| 2 | 7/1/14 | | | |
| PREPARER (8/2013) | DATE PREPARED | | | |